



CENTRON SECURITY SERVICES

Daily Security Report

Client No. 2036	Client Name O.H. MATERIALS	Location 1002 OSWEGO ST. UTICA, NY.	Date 1/6/87
Facility Equipment Detex Clock	Weapon No. —	Holster —	Nightstick —
Raincoat —	Flashlight —	Other GATE & TRAILER KEYS	
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) Kenneth Kalif	Officer—Swing Shift (Name) Dick Koboski
Officer—Grave Shift (Name) COATES, EUGENE			
Shift Began 8 AM/PM Ended 4 AM/PM		Shift Began 4 AM/PM Ended 12 AM/PM	
Shift Began 12 AM/PM Ended 8 AM/PM			
Observations or actions taken	Yes No Explanation	Yes No Explanation	Yes No Explanation
Rounds or stations missed	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
Unlocked doors, gates or windows	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
Unlocked vaults or safes	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
Fire-smoke-or hazards	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
1. Extinguishers missing or defective	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
2. Sprinkler system defective	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
3. Fire doors or exits blocked	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
4. Rubbish accumulation	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
5. Motors running	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
6. Lights left burning	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
Injury hazards	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
Visitors	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
Trespassing	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
Violation of company rules	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
Remarks Visual ch. perimeter every hr (K) VISUAL CK. OF BLDG PERIMETER MADE EVERY			
HR (R) (K)			
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.			
1. Were you injured during this tour?	Day Shift Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	1. Yes No 2. Yes No 3. Yes No	Swing Shift Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2. Did you suffer any illness?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes No 2. Yes No 3. Yes No	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. Have you reported all accidents coming to your attention?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes No 2. Yes No 3. Yes No	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Signatures	Day Shift 1. Kenneth Kalif	Swing Shift 1. Dick Koboski	Grave Shift 1. Eugene K Coates
Signatures	2.	2.	2.
Signatures	3.	3.	3.

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